

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517694

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1	1			
3		2	1			
4		2	1			
5		2				
6		2				
7		2				
8	(1)					
9	(2)					
10	(3)					
11	(4)					
12	(5)					
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
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TOTAL IND.			1			
TOTAL DEP.			20			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						